

LAW OFFICES OF AND AUTHO... REFER TO THE COURT RECORDED COUNSEL

1. CIR./DIST./DIV. CODE WAW	2. PERSON REPRESENTED Shumpert, Ruben Luis	VOUCHER NUMBER				
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 2:04-494MJP-001	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER			
7. IN CASE/MATTER OF (Case Name) U.S. v. Shumpert	8. PAYMENT CATEGORY Felony	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE (See Instructions) Criminal Case			
11. OFFENSE(S) CHARGED (See U.S. Code, Title & Section) If more than one offense, list up to five major offenses charged, according to severity of offense. 1) 18 U.S.C. § 922(g)(1) UNLAWFUL TRANSPORT/POSSESS/RECEIVE FIREARMS THROUGH INTERSTATE COMMERCE						
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS Hiatt, Douglas Hiatt and Seitter 1218 3rd Ave Suite 1800 Seattle WA 98101 Telephone Number: (206) 262-9699		13. COURT ORDER <input checked="" type="checkbox"/> A Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> D State Bar Federal Defender <input type="checkbox"/> E State Bar Retired Attorney <input type="checkbox"/> F Solo Pw. Panel Attorney <input type="checkbox"/> G Standing Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise retained this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive or waive, and because the Int'l. Bank of Justice so requires, the attorney whom name appears in Item 12 is appointed to represent this party in this case. <input checked="" type="checkbox"/> Other (See Instructions) Signature of Attorney _____ Date or By Order of the Court _____ Date of Order: 12/10/2004 Name Pro Tempore _____ Repayment or partial repayment ordered from the person represented for this service at date of appointment: <input type="checkbox"/> YES <input type="checkbox"/> NO				
14. NAME AND MAILING ADDRESS OF LAW FIRM(s) provide per instructions Hiatt and Seitter 157 Yesler Way Ste. 400 Seattle WA 98104						
15. CATEGORIES (Attach itemization of services with date) a. Arraignment and/or Pleadings b. Bail and Detention Hearings c. Motion Hearings d. Trial e. Sentencing Hearings f. Revocation Hearings g. Appeals Court h. Other (Specify on additional sheets) (Rate per hour = \$) TOTALS:		16. HOURS CLAIMED	17. TOTAL AMOUNT CLAIMED	18. MATH/TECH ADJUSTED HOURS	19. MATH/TECH ADJUSTED AMOUNT	20. ADDITIONAL REVIEW
16. a. Interviews and Conferences b. Obtaining and reviewing records c. Legal research and brief writing d. Travel time e. Investigative and Other work (Specify on additional sheets) (Rate per hour = \$) TOTALS:						
17. Travel Expenses (lodging, parking, meals, mileage, etc.)						
18. Other Expenses (other than expert, transcripts, etc.)						
19. CERTIFICATION OF ATTORNEY PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION	
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for any amount in connection with your compensation for this case? Other than those from the court, have you, or to your knowledge, has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, describe on additional sheets. I swear or affirm the truth or correctness of the above & its statement.			23. DATE _____		24. JUDGE/Court _____	
25. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			26. DATE _____		27. JUDGE/Court _____	
28. IN COURT COMP. <input type="checkbox"/> OUT OF COURT COMP. <input type="checkbox"/> TRAVEL EXPENSES <input type="checkbox"/> OTHER EXPENSES <input type="checkbox"/> TOTAL AMT. APPROVED			29. IN COURT COMP. <input type="checkbox"/> OUT OF COURT COMP. <input type="checkbox"/> TRAVEL EXPENSES <input type="checkbox"/> OTHER EXPENSES <input type="checkbox"/> TOTAL AMT. APPROVED		30. IN COURT COMP. <input type="checkbox"/> OUT OF COURT COMP. <input type="checkbox"/> TRAVEL EXPENSES <input type="checkbox"/> OTHER EXPENSES <input type="checkbox"/> TOTAL AMT. APPROVED	
31. SIGNATURE (or DELEGATE) Payment _____			32. DATE _____		33. JUDGE CODE _____	
34. SIGNATURE (or DELEGATE) Payment _____			35. DATE _____		36. JUDGE CODE _____	



04-CR-00494-CJA